



ADVENTUROUS
Christians

Retreat Contract

Contact Info:

Church/Organization Name _____

Contact Person _____ Phone _____

Address _____ Phone-Cell _____

City/State/Zip _____ Email _____

Dates of Retreat _____ Arrival Time: _____

Retreat Details:

Rates:

Small Group (10-29) \$115/person

Adjusted Rate: _____

Large Group (30-50) \$105/person

(Based on added services, as discussed with AC Office)

Included:

Retreats are defined as 2 nights lodging and 4 meals. Must have a *minimum of 10* to book a retreat. Additional nights and meals must be discussed at the time of reservation.

| Description | Number | x | Cost | = | Total Charge |
|-------------|--------|---|------|---|--------------|
|-------------|--------|---|------|---|--------------|

| | | | | | |
|--------------|-------|---|-------|---|----------|
| Participants | _____ | x | _____ | = | \$ _____ |
|--------------|-------|---|-------|---|----------|

Guaranteed Costs (85% of the estimated costs) \$ _____

If your cancellation is necessary, it must be done 30 days prior to your arrival date or the guaranteed number is in effect and your organization will be held accountable for the above guaranteed amount.

\$ _____ Estimated Cost

\$ - (300.00) Deposit paid with contract, holds your reservation date, non-refundable

= \$ _____ Full Payment, *due upon arrival*

I understand this agreement and have read the AC camp use statement. *Date:* _____

Signature of Group Leader, Title

Signature of Pastor/ Staff, Title

Signature of Board Member, Title

| FOR OFFICE USE ONLY | | |
|----------------------------|-------------------------------|------------------------------|
| Contract prepared by _____ | Deposit received for \$ _____ | Date received ____/____/____ |